DOCUMENT RESUME

ED 470 316 PS 030 828

AUTHOR	Richards, Jayleen; Dominguez-Arms, Amy
TITLE	California Report Card, 2002: Children's Critical Early Years.
INSTITUTION	Children Now, Oakland, CA.
SPONS AGENCY	Annie E. Casey Foundation, Baltimore, MD.; California Endowment, Woodland Hills.; Ford Foundation, New York, NY.; Miriam and Peter Haas Fund, San Francisco, CA.; Kellogg Foundation, Battle Creek, MI.; Charles Stewart Mott Foundation, Flint, MI.; David and Lucile Packard Foundation, Los Altos, CA.; Hearst Foundation, Inc., New York, NY.
PUB DATE	2002-00-00
NOTE	54p.; For the 2001 edition, see ED 458 970. Also supported by the Atlas Family Foundation, Clorox Company Foundation, Gap Foundation, J.P. Morgan Chase, Northern California Contributions Committee, and Stuart Foundation.
AVAILABLE FROM	Children NOW, 1212 Broadway, 5th Floor, Oakland, CA 94612. Tel: 510-763-2444; Fax: 510-763-1974; e-mail: children@childrennow.org; Web site: http://www.childrennow.org. For full text: http://www.childrennow.org/california/rc-2002/ rc-2002.pdf.
PUB TYPE	Reports - Evaluative (142)
EDRS PRICE	EDRS Price MF01/PC03 Plus Postage.
DESCRIPTORS	After School Programs; Birth Weight; Child Abuse; Child Care; *Child Health; Child Safety; Comparative Analysis; Dental Health; Early Childhood Education; Family Financial Resources; Family Violence; Foster Care; Health Insurance; Housing Needs; Infant Mortality; Mortality Rate; Poverty; Social Differences; *Social Indicators; *Trend Analysis; *Well Being; *Young Children
IDENTIFIERS	Before School Programs; *California; Child Mortality; Ethnic Differences; *Indicators; Nutrition Services

ABSTRACT

Acknowledging the connection between children's well-being in their early years and their later academic success, this report card documents the well-being of young children in California with regard to their early care and education, health, family economic resources, and child safety. The report identifies state improvements and areas where improvement is still needed, compares California to other states, and offers strategies for improving young children's chances to thrive. The report's introduction highlights important findings of the report related to the proportion of children living in poverty, the significant racial disparities, and the numbers of children experiencing food insecurity or lacking health insurance. Following the introduction, the report discusses young children's well-being in the following areas: (1) education, including the cost of quality early care and education programs, preschool enrollment, per pupil expenditures for K-12, and academic achievement; (2) health, including health insurance coverage, infant health, and oral health; (3) family economics, including children in low-income or poor families, housing, before- and after-school programs, and food programs; (4) child safety, including domestic violence, child abuse, foster care, and child mortality. Throughout the sections of the

Reproductions supplied by EDRS are the best that can be made from the original document.

report are descriptions of promising or successful programs to meet young children's needs. The final section of the report presents a vision for each area and offers recommendations for state policy changes to improve young children's overall well-being as well as recommendations for community action. The report concludes with a list of members of the California Report Card advisory committee and the Children Now board of directors. (Contains 62 endnotes.) (KB)

Reproductions supplied by EDRS are the best that can be made
from the original document.

ED 470 316

CHILDREN NOW

.2002

U.S. DEPARTMENT OF EDUCATION
Office of Educational Research and Improvement
EDUCATIONAL RESOURCES INFORMATION CENTER (ERIC)
☒ This document has been reproduced as received from the person or organization originating it.
☐ Minor changes have been made to improve reproduction quality.
• Points of view or opinions stated in this document do not necessarily represent official OERI position or policy.

PERMISSION TO REPRODUCE AND DISSEMINATE THIS MATERIAL HAS BEEN GRANTED BY

Amy Dominguez-Arms

TO THE EDUCATIONAL RESOURCES INFORMATION CENTER (ERIC)

PS 030828

CALIFORNIA Report Card

Children's Critical Early Years

BEST COPY AVAILABLE

Children Now is a research and action organization dedicated to assuring that children grow up in economically secure families, where parents can go to work confident that their children are supported by quality health coverage, a positive media environment, a good early education and safe, enriching activities to do after school. Recognized for its expertise in media as a tool for change, Children Now designs its strategies to improve children's lives while at the same time helping America build a sustained commitment to putting children first. Children Now is an independent, nonpartisan organization.

CONTENTS

Introduction 1

Education 4

Health 14

Family Economics 22

Safety 30

Recommendations 36

Endnotes 43

Acknowledgments 47

BEST COPY AVAILABLE

Introduction

Children's Critical Early Years

AN INCREASING BODY OF RESEARCH SUPPORTS the connection between children's well-being in their early years and their later K-12 success. This report documents how well California's young children are doing—in terms of their early care and education, health, family economic resources and safety. It shows where the state has seen improvements, such as in decreasing infant deaths, and where significant gaps remain, such as in the availability of quality child care. This compilation of new data also shows how California measures up to other states and offers strategies for improving young children's chances to thrive.

1 in 5
children lives in poverty

While new community, state and national efforts are focusing on "school readiness" and securing additional resources toward this end, many of California's youngest children still face tremendous odds. This report finds that one in five children lives in poverty, nearly one in four lives in a household that experiences food insecurity, one in seven lacks health coverage and one in four poor children does not see a dentist prior to entering kindergarten. In 2000, 172,000 children under age six were reported abused or neglected and 28,440 children under age six were in foster care.

Racial disparities remain significant. While 24 percent of white children live in low-income families, 57 percent and 64 percent of African American and Latino children do. African American infants are over twice as likely as white infants to be born at a low birthweight (11.7% compared to 5.7%). Over half (52%) of Latino infants are born to mothers with less than a high school education, compared to 28 percent of Native American, 18 percent of African American, 11 percent of Asian/Pacific Islander

BEST COPY AVAILABLE

1 in 4

children lives in a household that experiences food insecurity

and 9 percent of white infants. In some instances, the differences along racial lines may be related to the socioeconomic differences across racial groups; in other instances, societal discrimination based on race may be a contributing factor. Children in immigrant families face special challenges, often in addition to their experiences as members of a particular racial group. Approximately 46 percent of California children live in immigrant families.[1]

For all of the diverse challenges that California children face, we know that young children of all backgrounds are likely to thrive if their parents' nurturing is complemented by timely and preventive health care, a quality child care setting, sufficient food, shelter and other basic necessities as well as safe environments in which to play and grow.

This report illustrates how community groups, state government and the private sector are making a difference in young children's lives. The Prenatal to Three Program in San Mateo County improves health outcomes for children by providing over 5,500 home visits annually to families with young children. The Westminster Early Education Center in Los Angeles is building literacy for both children and their parents in hopes of better preparing families for kindergarten. The Women, Infants and Children (WIC) nutrition program provides nutritious food, individual counseling and health care referrals to 1.17 million high-risk, low-income children up to age five. Medi-Cal for Children and the Healthy Families program provide no- or low-cost health insurance to over 3.2 million low-income children in California.

1 in 7

children lacks health coverage

Though much is known about the importance of children's development in their early years, the state of California has not made young children a top priority. The resources afforded by Proposition 10 of 1998, which dedicates tobacco tax revenues to improving the health and well-being of young children, are certainly beneficial, but they are not sufficient to fully address the needs of California's young children. For example, Proposition 10 generated $650 million in tobacco tax revenues in fiscal year 2000-01, less than one percent of the total state budget.

BEST COPY AVAILABLE

As documented in this report, there is clear and compelling evidence that young children's well-being—in the areas of health, safety, family economic security and early care and education—has lasting implications for their future, not only in terms of success in school, but also in their capacity to realize their full human potential and be contributing members of our California community. Furthermore, the data illustrate that California's young children are growing up in circumstances that demand our attention and action. The report's recommendations offer specific strategies to improve children's lives today and foster their success in the future. ■

1 in 4

poor children does not see a dentist prior to entering kindergarten

BEST COPY AVAILABLE

Education

Children's Critical Early Years

EARLY CARE AND EDUCATION

CHILDREN WHOSE PARENTS PROVIDE THEM with an enriching environment and read with them regularly are found to have significantly more success with early reading skills.[2] Children also benefit from storytelling, conversations with parents and reading books with family friends or relatives. In general, a mother's education level is a strong indicator of whether a child will experience success in school; children with mothers who have completed more schooling tend to perform better in reading, mathematics and general knowledge tests.[3] In 2000 in California, 30 percent of all infants were born to mothers who did not complete a twelfth grade education. Community programs such as the Westminster Early Education Center *(see box)* help parents foster an enriching environment for their children.

Quality early care and education promotes school success.

SPOTLIGHT

Westminster Early Education Center, City of Venice

The Westminster Early Education Center offers quality child care and family educational services to low-income families who live or work in Venice. The center participates in the Los Angeles Unified School District's "Creative Curriculum" program for 4-year-olds, which helps build young children's literacy in preparation for kindergarten. The center is currently part of a large study tracking the progress of participating preschool students as they move through elementary school. Westminster's ongoing parent education activities are based on topics identified by the parents themselves. Classes include "Early Literacy at Home," "Accessing Resources in My Community" and "How to Be An Advocate For My Child." All parent activities are conducted in both Spanish and English and child care is provided so all parents can participate.

Quality child care and preschool programs also have a lasting impact on a child's learning and development. Children who attend quality preschool programs are more likely to perform better on standardized tests, complete high school and continue their education beyond high school graduation.[4] Children who come from disadvantaged backgrounds benefit even more from quality child care and preschool programs than middle- and high-income children.[5]

BEST COPY AVAILABLE

TABLE 1

Components of Quality Child Care and Preschool Programs[6]
▫ Small group size and low staff/child ratios. ▫ Qualified, trained staff. ▫ Stable, consistent relationships with a limited number of caregivers. ▫ Interactions between caregivers and children are warm, sensitive and responsive. ▫ Stimulating activities that support learning through play and are appropriate to the age of the child. ▫ A safe and supportive physical environment. ▫ Adequate nutrition and protection of children's health.

Some states—including Georgia, Illinois, New York, South Carolina and Texas—have recognized that early care and education is important to children's school readiness and have made significant investments in early education programs. For example, Georgia's universal full-day preschool program serves 63 percent of all four year olds in the state; in comparison, the other four states mentioned above serve about 13 to 30 percent of their four year olds through subsidized preschool programs.[7] Complete data are not available for California.

Just 1/3 of low-income children attend preschool.

In California, the cost of quality early care and education represents a significant portion of a family's expenses, particularly for low-income families *(see table 2)*. Not surprisingly, children ages 3 - 5 in low-income families are less likely to be enrolled in preschool or kindergarten (approximately 50%-60% attend) than children living in families with annual incomes above $75,000 (about 72% attend).[8] Child care availability also varies by community: higher-income neighborhoods tend to have a greater supply of care for young children.[9] Furthermore, differences in preschool participation exist according to children's ethnic backgrounds. In 1997, white children in kindergarten were more likely (57%) to have attended preschool the year before than African American (43%), Asian (41%), or Latino children (24%) *(see graph 1)*.[10]

California currently does not meet families' need for affordable quality early care and education. In 2000, 1.01 million California

TABLE 2
Child Care and Preschool Expenses Represent a Large Portion of a Family's Income, 1997

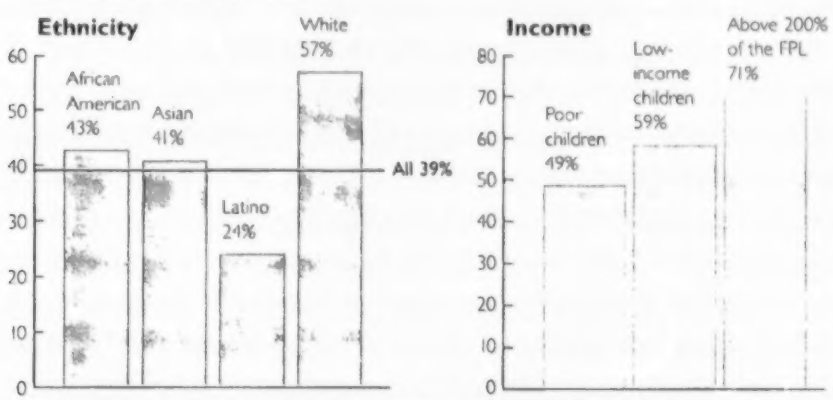
A Family's Annual Earnings	Percentage of Income Spent on Child Care or Preschool Expenses	
	CALIFORNIA	US
Low earnings (less than 200% of the 1997 Federal Poverty Threshold or less than $25,838 for a 3-person family)	18.0%	15.9%
Higher earnings (more than 200% of the 1997 Federal Poverty Threshold or more than $25,838 for a 3-person family)	7.2%	6.3%

Source: Urban Institute, "Child Care Expenses of America's Families" by Linda Giannarelli and James Barsimantov, 2000. Urban Institute calculations from the 1997 National Survey of America's Families.

California currently does not meet families' need for affordable quality early care and education.

children under age six lived in families with both parents or a single parent working at least 30 hours weekly, yet only 623,100 licensed child care spaces were available for children birth to age five.[11] Families who do not use licensed care often turn to unlicensed care provided by relatives, friends or nannies; little information is available on the quality of care provided.

GRAPH 1
Preschool Participation, 1997



Source: Elias Lopez, *Who is Least Likely to Attend Pre-School?* California Research Bureau, November 1999, based on the Census Bureau's 1997 October Current Population Survey.

BEST COPY AVAILABLE

Families with lower incomes face a particular challenge in securing quality care.

Families with lower incomes face a particular challenge in securing quality care: approximately 280,000 children eligible for and likely to use child care subsidies do not get this help due to inadequate state funding.[12] Those who do not get subsidies may be compelled to choose less costly and less adequate care. Head Start, a preschool program designed to serve poor children, serves only one out of three eligible California children, with approximately 166,366 eligible children unserved.[13]

SPOTLIGHT

Universal Preschool in Los Angeles County

In August 2002, the Los Angeles County Children and Families Commission committed $100 million to provide full-day preschool to 100,000 Los Angeles County youngsters now on the waiting list for subsidized preschool slots. By expanding current services such as Head Start, child care centers and family child care, the program plans to enroll the 3- to 4-year-olds within a year. The Commission aims to expand preschool to another 100,000 preschoolers in the future as well as provide care to infants once new facilities are built. The measure was supported by the Los Angeles Unified School District, child care and preschool providers, community leaders, educators and public officials. According to Policy Analysis for California Education at the University of California at Berkeley, the new preschool program is the "first time in several years that Los Angeles has seen a growth in child care center or preschool capacity."[14]

BEST COPY AVAILABLE

Just as children can thrive in a quality early care and education setting, poor quality child care can adversely affect a child's learning and development.[15] A well-trained, stable staff improves the quality of a child care or preschool program. Yet, 30 percent of child care workers leave their positions each year, due in part to the low earnings the profession provides.[16] In 2000, California child care teachers had median earnings of $9.06 per hour (an annual salary of $18,120) and preschool teachers had median earnings of $11.19 per hour (an annual salary of $22,380).[17] Even preschool teachers in California with similar educational backgrounds to K-12 teachers earn significantly less than their K-12 counterparts.[18]

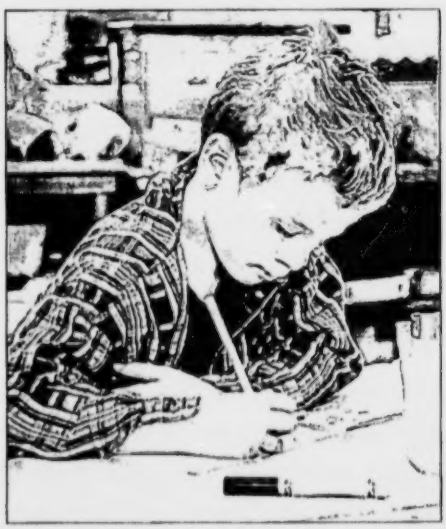
Pay is low, turnover 30 percent among child care workers.

TABLE 3
Teachers' Salaries

Staff	Hourly Wage	Annual Earnings
Child Care Staff	$9.06 per hour	$18,120
Preschool Teacher	$11.19 per hour	$22,380

K-12 RESOURCES

The favorable economic conditions of the late 1990's contributed to California increasing its per pupil expenditures by 39 percent from $4,570 per student in 1995-96 to $6,360 per student in 2000-01, improving its ranking from the bottom third to the middle third of the nation.[19] This represents a significant turnaround for California, which has not had a comparable ranking among the states since 1990-91.



BEST COPY AVAILABLE

TABLE 4
California's Per Pupil Expenditures Rank In the Middle, 2000-2001

		Sample Large States	
$11,089	Top Third	New York	$11,089
		New Jersey	$10,892
	Middle Third	Ohio	$7,639
		California	**$6,837**
	Bottom Third	Florida	$6,368
$4,459		Arizona	$5,218

Source: National Education Association, *Research Division, "Rankings & Estimates: Ranking of the States, 2001."*

Per pupil expenditures up 39% from 1996 to 2001.

Yet disparities persist in the resources available to students of different ethnic and socioeconomic backgrounds. A recent study found that California schools with more low-income students and students of color had teachers with less experience and education, and offered fewer Advanced Placement courses than schools with a greater proportion of white students and whose families were better off financially.[20] The study discussed several reasons for these differences, though it did not determine the magnitude of their impact. The factors include teachers' preferences in school placement, the availability of school personnel with the expertise to offer certain courses, the level of demand for such courses and the availability of locally-raised funds to help cover school expenses.

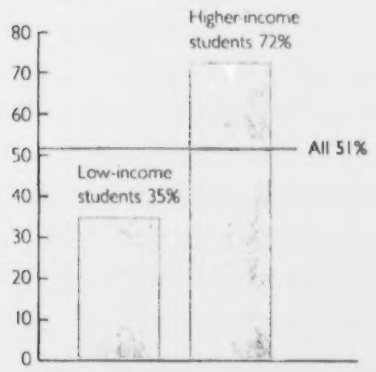
While greater resources do not always equate with better schooling, research has shown that certain new resources, such as adding teachers to decrease class size or hiring more teachers with credentials, are related to better student outcomes. Adding new resources seems to have the greatest positive effect on low-income and minority students.[21]

BEST COPY AVAILABLE

K-12 OUTCOMES

Children from disadvantaged families often face the compounded challenge of attending schools with fewer resources. The resulting differentials in test scores reflect these disparities. In 2001 reading tests, just 35 percent of low-income second graders scored at or above the 50th National Percentile Rank (NPR), compared to 72 percent of higher-income students *(see graph 2)*.[22] In math, just 46 percent of low-income second graders scored at or above the 50th NPR, compared to 75 percent of higher-income students.

GRAPH 2
STAR Second Grade Reading by Income: Scored at or Above the 50th NPR, 2001



For all students in 2001, California's second and fourth graders' test scores improved slightly on reading by two percentage points from the previous year. On the reading tests, 51 percent of the second graders and 47 percent of the fourth graders scored at or above the 50th NPR. In math, 58 percent of second graders and 54 percent of fourth graders scored at or above the 50th NPR.

Test scores differ substantially by family income.

SPOTLIGHT

Families in Schools, Los Angeles County

Families In Schools (FIS), created by the Los Angeles Annenberg Metropolitan Project (LAAMP), builds and promotes partnerships of families, schools and communities to help students achieve academic success. FIS serves 61,000 families in Los Angeles County. Programs include, for example, Read With Me/Lea Conmigo, which gives families with preschoolers and kindergartners books for use at home and practical strategies to help them read aloud with their children. In the Boyle Heights Learning Collaborative, teachers, administrators, parents and community members work together to help students move smoothly from elementary to middle to high school. Other efforts include training programs for teachers and administrators to promote family involvement as a core priority within schools.

BEST COPY AVAILABLE

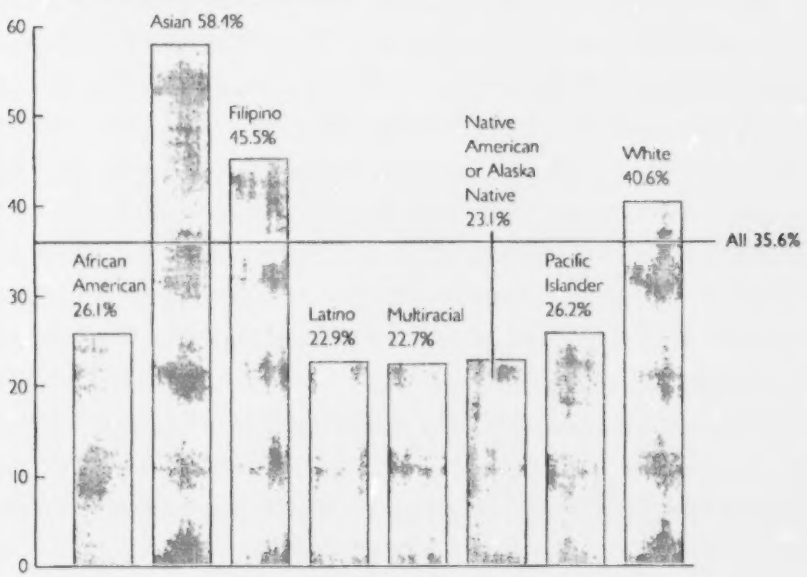
Over one third (35.6%) of California high school students in the 2000-2001 school year completed the coursework necessary to enter the University of California or California State University system. Since the 1995-96 school year, the percentage of students completing the necessary coursework has remained nearly unchanged. Significant differences remain among youth of various ethnic backgrounds. For example, Latino, multiracial, Native American and Pacific Islander students are over 44 percent less likely to complete the necessary coursework compared to white students; African American students are 36 percent less likely compared to white students *(see graph 3)*.[23] ■

Stark Differences Among Ethnic Sub-Groups

The differences in college preparation rates among various sub-groups of the Asian/Pacific Islander population are important to note. As in other areas of child and youth outcomes, the general grouping of Asian/Pacific Islander can mask large disparities among population sub-groups. Greater precision in data collection by government agencies and researchers would help to better inform policymaking.

GRAPH 3

Percentage of Students Completing Necessary Coursework for UC and CSU, 2000-2001



Health

Children's Critical Early Years

HEALTH INSURANCE COVERAGE

ACCESS TO REGULAR, COMPREHENSIVE health care plays an important role in making sure young children are ready for school. During a child's check-ups, a health care provider can make sure a child's immunizations are up-to-date and monitor a child's development, hearing, vision and other aspects of health that may affect academic performance.[24] In addition, parents can provide valuable information about their child's language and fine-motor skill development, offering a health care provider a reliable predictor of developmental delays.[25] Hence, families that can access health care and create a relationship with their health care provider are better able to monitor their children's development and prepare them for school.

1.3 million children lack health insurance.

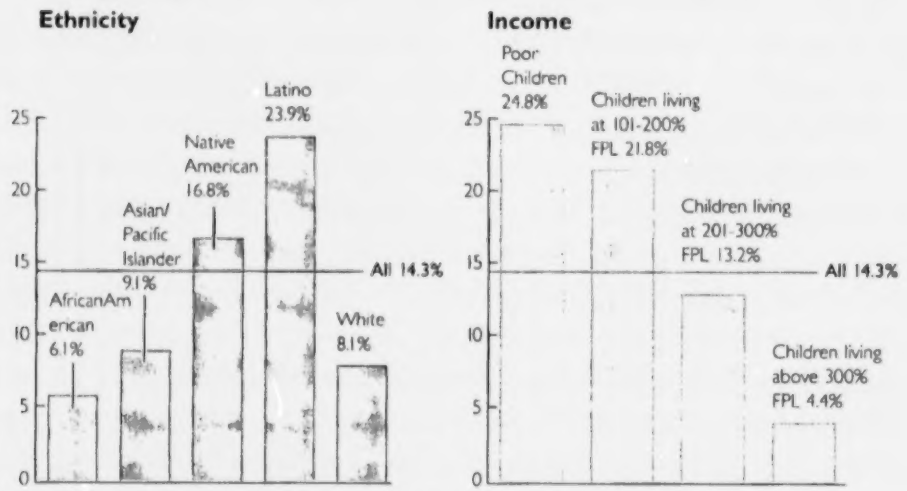
To reap the benefits of health care coverage, families need a continuous source of health insurance. In 2001, about 1.3 million children lacked health insurance coverage for the entire year or experienced gaps in coverage over a 12-month period. Poor and low-income children are significantly more likely to lack health insurance (24.8% and 21.8% uninsured, respectively) than more affluent children (4.4% uninsured).[26]

Rates of health insurance coverage also vary significantly among children of different ethnic backgrounds; Native American children are twice as likely and Latino children three times as likely as white children to lack health insurance. The high uninsured rates for Native Americans and Latinos are due in part to low rates of job-based health insurance, 54 percent and 42 percent respectively, whereas 75 percent of whites have job-based health insurance. African American children also have lower access to job-based insurance (60% among African American families) and yet, as a result of high participation in Medi-Cal and Healthy Families, they have the lowest uninsured rate.[27]

BEST COPY AVAILABLE

GRAPH 4

Percentage of Children Ages 0-17 Without Health Insurance, California 2001



Source: Brown, E. Richard, et al. *The State of Health Insurance In California: Findings From the 2001 California Health Interview Survey, June 2002.*

TABLE 5
Medi-Cal for Children and Healthy Families: Enrollment and Disenrollment Data

State Health Programs	Enrollment	Disenrollment
Medi-Cal Families	2.7 million children (2001) ages (0-20)	61% of Medi-Cal families (1999)
Healthy Families	562,600 children (June 2002)	40% (June 1998-December 2000)

Source: California Department of Health Services and Managed Risk Medical Insurance Board.

Gaps in health coverage can result in young children not receiving timely preventive care, immunizations, hearing and vision screening and treatment.[28] Children enrolled in state health programs are more likely to experience gaps in coverage than children with private insurance, due to cumbersome program requirements.[29] In California, Medi-Cal and Healthy Families provide health care coverage to over 3.2 million children. However, in 1999, about 61 percent of Medi-Cal families who were covered at the beginning of the year lost health coverage by the end of the year.[30] Among participants in the Healthy Families Program, two out of five children (40%) lost health coverage within a year after enrollment *(see table 5)*.[31] These losses can be attributed partly to the state health insurance programs' cumbersome annual renewal requirements and, in the case of the Healthy Families program, non-payment of premiums.

Gaps more likely in public, than private, health coverage.

SPOTLIGHT

Health Consumer Center, Fresno County

Since March 1998, the Fresno Health Consumer Center (FHCC) has been helping families to get the health services and health coverage they need. As part of the Multicultural Community Alliance, FHCC last year helped to enroll over 2,000 children and parents in Medi-Cal for Children and Healthy Families. Over 200 outreach and community events were held at health clinics, WIC centers, food banks, health fairs, resource centers, schools and shopping malls. FHCC has begun following up with families after two, six and ten months to ensure that families maintain enrollment in the appropriate health insurance programs.

BEST COPY AVAILABLE

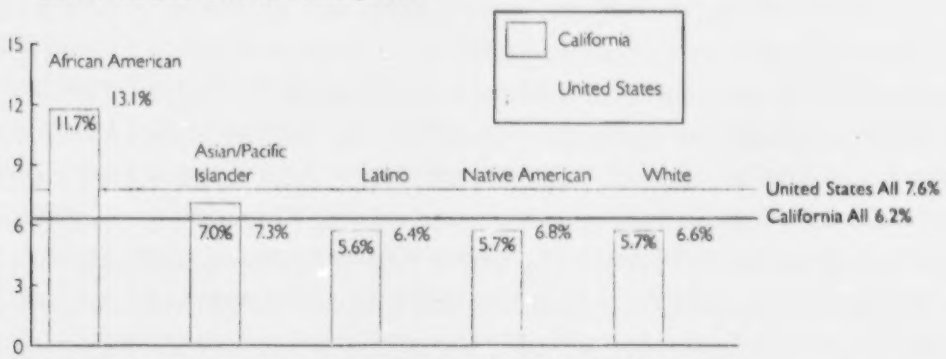
CHILD HEALTH AND DISABILITY PREVENTION PROGRAM

The Child Health and Disability Prevention (CHDP) program provides important health services such as check-ups and screenings for vision, hearing, fine-motor skills, oral health and language development to children participating in Medi-Cal and children with incomes at or below 200% of the FPL. This program serves over two million children annually. The state administration recently proposed to use the CHDP program as a gateway to enroll eligible, but not yet enrolled, children into Medi-Cal and Healthy Families, while maintaining the CHDP program for children who are not eligible for either state health program. The "gateway" model could facilitate the enrollment of thousands of eligible children into the state health programs, thereby improving their chances for regular health care.

INFANT HEALTH

Research shows that children who are born at low birthweights (5 pounds, 8 ounces or less) are more likely to experience developmental delays and be in special education classes.[32] California has a better record than most states in the percentage of infants born at a low birthweight, ranking 9th out of 50 states and the District of Columbia. While the percentage of low-birthweight infants in California has remained relatively unchanged from 1997 to 2000 (about 6.2%), African American infants are nearly

GRAPH 5
Percentage of Low Birthweight Infants by Ethnicity, California and United States, 2000



Sources: Center for Disease Control and California Department of Health Services

SPOTLIGHT

Prenatal to Three Initiative, San Mateo County

Prenatal to Three joins with parents to improve the health and development of young children in San Mateo County. The program, in operation since 1996, works with new parents whose children are born in San Mateo County and are eligible for Medi-Cal, until their children are four years old. Providers refer low-income families who are expecting a baby or who have a newborn to the Initiative; families are then directed to appropriate services by a supervising public health nurse and office staff. For example, families may meet with a nutritionist who can provide ongoing support and guidance about young children's nutritional needs. In order to promote early literacy and language development, families are given books to read to their children. The program also offers culturally-specific parenting classes.

In 2000-01, staff visited 5,521 families with an average of 5.9 visits per family. Evaluations show positive outcomes. For example, families who received home visits were 55% more likely to report doing activities that promote literacy and language development compared to those who did not receive home visits. Furthermore, children enrolled in Prenatal to Three had almost two times more well-child visits and were more likely to have immunizations at the scheduled time compared to those not enrolled in the program.

twice as likely to be born at a low birthweight compared to the statewide average (11.7% compared to 6.2%) *(see graph 5)*. The research is inconclusive as to why African American infants are more likely to be born at a low birthweight. Contributing factors may include the mother's health status before and during pregnancy, her access to prenatal care and the quality of care provided as well as other factors.[33]

African American infant death rate is double the average.

TABLE 6
Infant Mortality Rates, 2000

All	5.4 deaths per 1,000 births
African American	**12.8 deaths per 1,000 births**
Asian/Pacific Islander	3.6 deaths per 1,000 births
Latino	5.3 deaths per 1,000 births
Multiracial	10.4 deaths per 1,000 births
Native American	4.1 deaths per 1,000 births
White	4.8 deaths per 1,000 births

Source: California Department of Health Services.

BEST COPY AVAILABLE

California has one of the lowest infant mortality rates in the nation. In California, 5.4 infants die in the first year of life per 1,000 births each year, ranking California 6th out of 50 states and District of Columbia. However, there are wide disparities in infant mortality by ethnicity. African American infants are over twice as likely to die compared to all California infants (12.8 versus 5.4 deaths per 1,000 births in 2000) and multiracial infants are nearly twice as likely to die as all California infants (10.4 versus 5.4 deaths per 1,000 births).

ORAL HEALTH

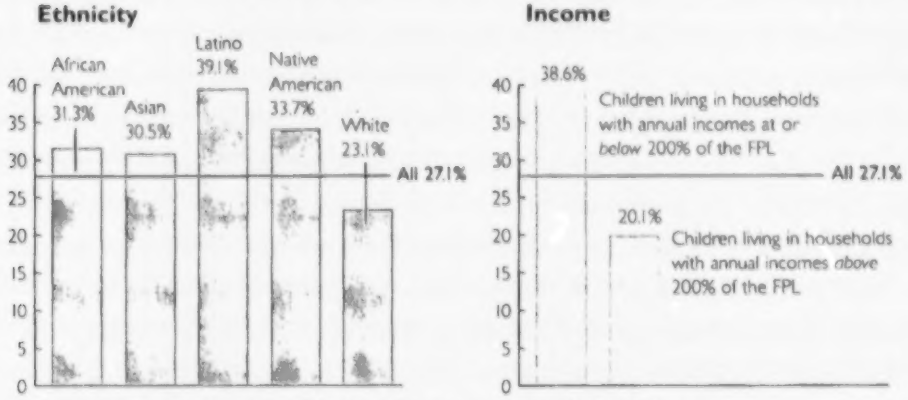
Dental illnesses result in many missed school hours and, if left untreated, can result in problems with eating, speaking and concentration in school.[34] A national survey conducted between 1997-1999 found that, on average, over one out of four (27%) U.S.

children had not seen a dentist in the past year.[35] The findings were more troubling for poor, low-income and Latino children who were significantly more likely to have not visited a dentist in the past year (about 39% in each of these populations).[36] A 2000 Surgeon General report regarding oral health in America reported that one quarter of poor children had never been to the dentist prior to entering kindergarten.[37] Similar to health care, having dental insurance increases the likelihood that children will visit a dentist. The current number of California children without dental insurance is not available; however, research shows that children are less likely to have dental insurance than other health insurance.[38]

Dental problems can hurt a child's learning.

Even those children who do have dental insurance coverage may experience difficulty finding a dental provider to serve them, given the statewide shortage of pediatric dental providers.[39] The scarcity is even greater for children with Medi-Cal and Healthy Families coverage. According to a 2000 report, nearly one quarter (22%) of all California communities had no active Medi-Cal dentist and half of all communities had less than one Medi-Cal dentist per 1,000 Medi-Cal enrollees.[40] Utilization of dental services is low among both Medi-Cal and Healthy Families participants: only 44 percent of Medi-Cal enrollees saw a dentist in 1998 and only 56 percent of children in Healthy Families did so in 2000.[41] □

GRAPH 6
Percentage of U.S. Children Who Had Not Visited a Dentist in the Past Year (1997-1999)



Source: Centers for Disease Control and Prevention, *National Center for Health Statistics, Health, United States, 2001, Table 80, revised October 2001.*

Family Economics

Children's Critical Early Years

LOW-INCOME CHILDREN

WITH MORE THAN FOUR MILLION LOW-income children (in families with incomes below 200% of the FPL), California ranks in the bottom fifth of states according to its proportion of low-income families. Even the economic upswing of the 1990s failed to lift California families to the national norm: while the percentage of low-income families in the state dropped from 47.0 percent to 43.6 percent between 1998 and 2000, the percentage nationwide dropped from 40.7 percent to 37.4 percent.

44% of children live in low-income families.

Low-income children face disadvantages that may hinder their development. Low-income children are likely to have not visited a dentist in the past twelve months (38.6%); they have low health insurance rates (21.8%) and lower preschool participation rates (59%) compared to higher-income children.

The disparity among ethnic groups in the proportion of children living in low-income families is high in California. Latino children are over two and one half times more likely than white children to live in low-income families and African American children are more than twice as likely as white children. Even though 80 percent of African American and 82 percent of white parents worked in 1999, there remained sizeable inequities between the proportion of African American and white children living in low-income families.[42] Moreover, nearly three-quarters of Latino parents work (72.7%), yet there is a gap of 40 percentage points between Latino children and white children living in low-income families.[43]

Similar work effort, but large income gaps among ethnic groups.

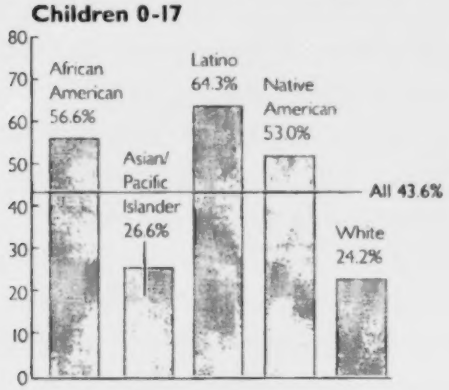
CHILD POVERTY

The most vulnerable children are those whose families earn less than the poverty-level annual income of $15,020 for a family of three. California's child poverty rate decreased from 23.2 percent to 19.2 percent between 1998 and 2000. California's rate exceeded the national average of 16.1 percent, leaving the state with the eighth highest child poverty rate nationwide. As discussed above,

BEST COPY AVAILABLE

poor children are less likely to have health and dental insurance and to attend preschool. Poor children are more likely to have inadequate nutrition, live in substandard housing and be exposed to lead—all factors that can hinder a child's development.

GRAPH 7
California Children Living in Low-Income Families by Ethnicity, 2000



Poverty is also associated with poor school performance. For example, students who qualify for the free and reduced price school meals programs (with annual family incomes up to 185% of the FPL) score lower on standardized tests than do their higher-income counterparts. Young children who are poor are less likely to have early reading skills and to be able to perform basic addition and subtraction.[44]

HOUSING

In nearly one third of California counties (32.7%), fair market rent for a two-bedroom apartment exceeds the recommended 30 percent of a family's income for low-income families. Some of these counties—Los Angeles, Orange, San Diego, Santa Clara, Alameda and Contra Costa—are among the most populous in the state. Together this group of counties includes 71 percent of the state population. This lack of affordable housing forces many families to relocate frequently, and as a result, their school-age children may repeatedly have to leave familiar classrooms for new schools. Changing schools can undermine school performance, reducing children's skill development and increasing their risk of dropping out of school.[45]

SPOTLIGHT

Los Angeles Affordable Housing Trust Fund

Housing experts in Los Angeles estimate that the city needs 4,000 to 5,000 new affordable housing units annually, or nearly 3,000 to 4,000 more units than the city builds yearly. For two years, Housing LA—a diverse coalition of community groups, unions and the faith community—worked to establish a housing trust fund to meet the city's affordable housing needs. Their dedication paid off. In March 2002, the city of Los Angeles established the Los Angeles Affordable Housing Trust Fund, which aims to build an additional 2,000 affordable housing units yearly. The fund presently has $10.5 million, but it anticipates growing to about $100 million within two years by redirecting funding streams and identifying other sources of revenue. For example, the city will redirect $5 million from the unused portion of federal community development block grants, designate $10 million from the city's portion of $206 billion tobacco settlement funds and increase the share of property taxes in redevelopment areas targeted to affordable housing by 5 percent.

BEFORE AND AFTER SCHOOL PROGRAMS

Quality before and after school programs are a key component of promoting school readiness: they provide a safe and nurturing environment for school-age children to participate in activities such as music, sports, crafts and studying, while also enabling their parents to work. With more than 2.9 million California children ages 5-14 living in households with both parents or the single parent working at least 30 hour per week, the need for before and after school programs is significant.[46] However, the cost of a quality before and after school program strains many working families' budgets. Children Now estimates that 1.2 million children qualify for subsidized programs, but only about 620,000 are served due to lack of funds.[47]

620,000 children not served in after school programs.

Recently, the California Department of Education and the University of California at Irvine evaluated California's Before and After School Learning and Safe Neighborhoods Partnership Program (BASLSNPP), a state-funded program serving about 95,000 students. They found that children participating in the program in 2000 and 2001 improved their reading scores by 4.2 percent between 2000 and 2001, an increase of more than twice the statewide average (4.2% compared to 1.9%).[48]

BEST COPY AVAILABLE

SPOTLIGHT

6 to 6 After School Program, San Diego County

The City of San Diego's "6 to 6" Extended School Day Program serves all public elementary and middle school sites and some private schools within the city limits, reaching 25,000 children at 202 schools. The goal is to provide a safe place where schoolchildren can experience academic enrichment and recreational activities during the hours that their parents are at work. "6 to 6" has yielded a wide variety of opportunities for local children. For example, the city worked in partnership with the San Ysidro School District to create a 21st Century Community Learning Center, which serves six elementary schools located on the border between Mexico and the United States. As part of the program, six local artists provide regular art instruction to the children. The activities are sensitive to the predominantly Latino population and delivered by bilingual staff.

FOOD PROGRAMS

Nutrition has a significant impact on a child's physical growth and cognitive development. Studies show that children are less likely to perform well during classroom activities and on tests if they do not have adequate nutrition.[49] In California, nearly one out of four children (23.1%) lived in households that experienced food insecurity during 1998 and 1999, a higher rate than the national average (18.3%). Households are considered food insecure if they are uncertain of having enough food or unable to get enough food to meet the basic needs of their family.

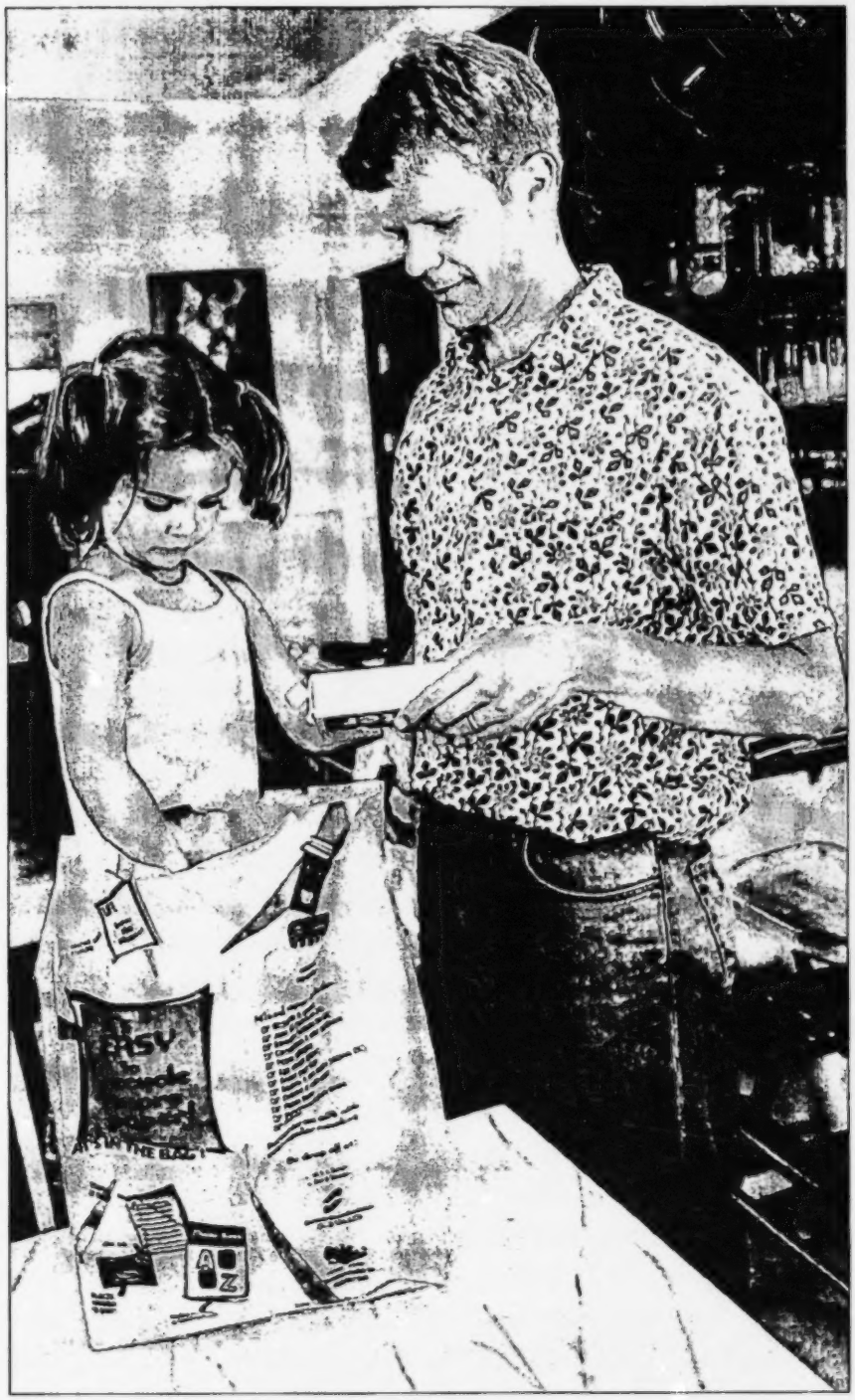
1 in 4

children in families challenged to get sufficient food

About 4.6 million people in California (14%) qualified for the Food Stamp program in 1999, but more than half did not participate. A major barrier to Food Stamp participation is the requirement that families must renew their eligibility monthly.

School-based programs are another critical means to assure that children's nutritional needs are met. Low-income children participating in the free or reduced-price National School Breakfast Program (NSBP) perform better on standardized tests than eligible, but not participating children. Moreover, children participating in the NSBP have less absenteeism and tardiness compared to non-participants.[50] In 2001, only one in four California students (27%) eligible for the NSBP was served because not all schools offer the food program.

BEST COPY AVAILABLE



BEST COPY AVAILABLE

During the summer months, many low-income students who rely on the free or reduced-price school breakfast and lunch programs are left without such help. In 2000, less than 10 percent of California school districts and only 28 percent of counties sponsored the Summer Food Service Program (SFSP).

Child care centers also can offer nutritious snacks and meals to young children through the Child and Adult Food Program

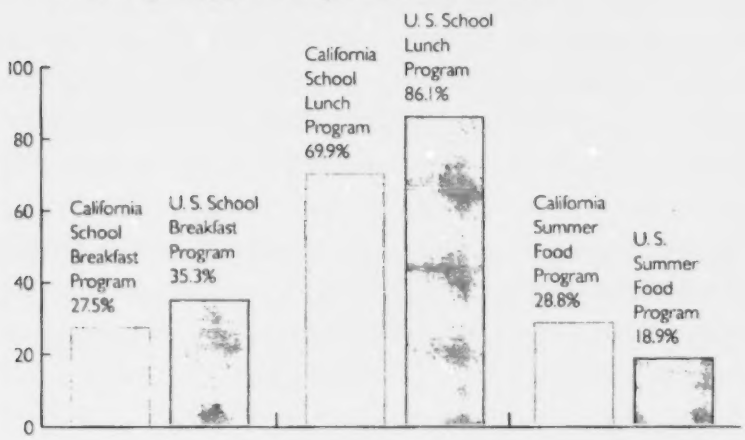
SPOTLIGHT

Seamless Summer Food Waiver Program: Innovative Program Starts in California

As part of an effort to provide meals to students during the summer months, the United States Department of Agriculture recently adopted the Seamless Summer Food Waiver program, allowing schools to provide the Summer Food Service Program (SFSP) under the guidelines and regulations of the School Lunch program, thus greatly reducing the amount of paperwork and administrative costs for a school. The program is modeled after pilot projects in two California school districts, Alisal Union in Salinas and Fresno Unified. During the pilot phase of the program, both school districts experienced a sharp increase in the number of children receiving summer meals.[59]

GRAPH 8

School Meal Programs: Percentage Eligible Being Served, 1999-2001



(CAFP). The program, funded by both federal and state dollars, is designed to offer nutritious meals and snacks to children in child care centers, Head Start programs, park and recreation centers, after school programs, homeless shelters and family child care homes. In California, on average, about 300,000 children are served daily through CAFP.[52] Over the past five years, the number of family child care homes participating in the program decreased 8.6 percent (from 27,294 in 1995-1996 to 24,947 in 1999-2000). Some providers note that low reimbursement rates and high administrative costs make the program financially infeasible.

One successful nutrition program that serves a high proportion of eligible families is the WIC (Women, Infants and Children) program. This federally-funded program provides nutritious food, individual counseling and health care referrals to high-risk, low-income women and children under age five. Statewide, more than 1.17 million children receive WIC benefits due in part to the program's streamlined enrollment process. Even more mothers and children could be served, however; California currently does not match federal funds with state monies, thus limiting the number of children and women served by the program. ◘

Safety

Children's Critical Early Years

DOMESTIC VIOLENCE

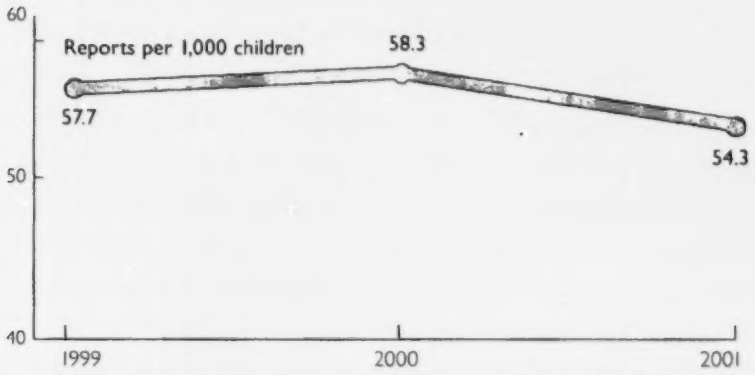
CHILDREN LIVING WITH THE STRESS OF domestic violence are less likely to be able to concentrate in school. In addition, children in a violent home environment tend to have significantly lower developmental scores in verbal, motor and cognitive skills.[53] California today does not have a system to track the number of children exposed to domestic violence. Currently, California police officers responding to a domestic violence call must collect data about the incident; however, the presence of children in the home is not recorded. Nationally, each year, an estimated 3.3 million children witness domestic violence; the number of California children exposed to violence is unknown.[54]

CHILD ABUSE

Child abuse and neglect reports decrease slightly.

Abuse and neglect can damage a child's physical, emotional, social and cognitive development. Children who have been abused or neglected are less likely to succeed in school compared to other children.[55] In California, the number of child abuse and neglect reports reached 521,800 in 2001, a rate of 54.3 reports per 1,000 children. From 1999 to 2001, the rate of the reports per 1,000 children decreased 6 percent.

GRAPH 9
Child Abuse and Neglect: Rate per 1,000 Children, 1999 to 2001

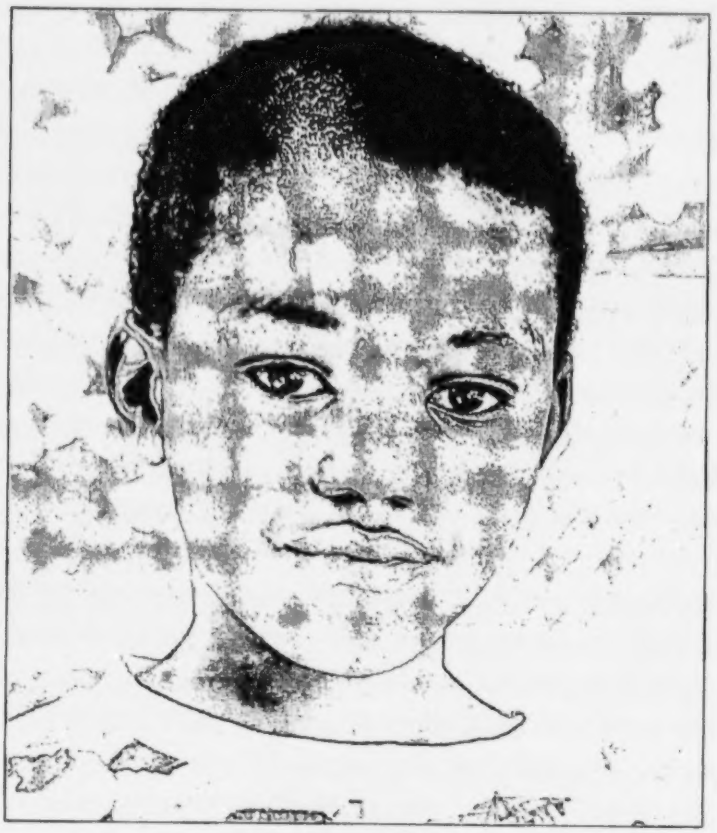


Source: U.C. Berkeley, Children Welfare Research Center, Child Welfare Services Reports (CWS/CMS), "Child Abuse Referral Reports By Age and Ethnicity, 1999, 2000, 2001," accessed 29 July 2002.

SPOTLIGHT

Infant, Preschool & Family Mental Health Initiative, Humboldt County

The Infant, Preschool & Family Mental Health Initiative (IPFMHI) identifies at-risk families with newborns and offers them home-based family support services from a variety of public and private agencies. The program is designed to promote positive parent-child relationships, help families stay together and prevent abuse. Home visitors may include social workers, early childhood development specialists, Early Head Start staff, public health nurses and community health outreach workers; these professionals work together to provide a consistent approach in assisting families. The effort also trains clinicians in the complex field of early childhood mental health and in the collaborative nature of work with families with young children. The County Mental Health early childhood clinician's office is located at a Head Start site, improving access for families and helping to normalize mental health services for those families.



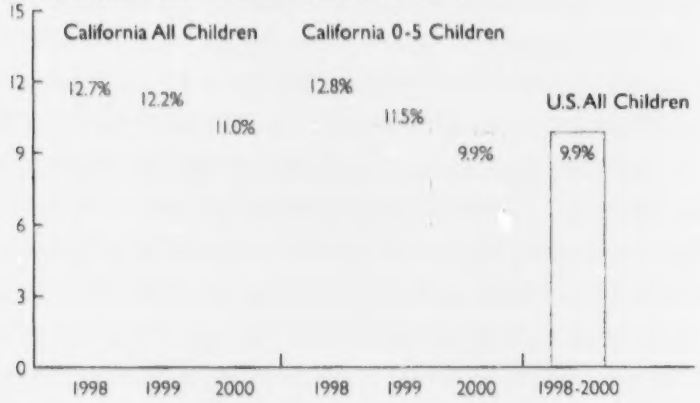
FOSTER CARE

Foster care can provide a safe temporary home for children who cannot remain safely in their own home. Children in foster care are less likely to do well in school.[56] One third of California children in foster care are also in special education programs.[57] The rate of children in foster care declined from 1998 to 2000, with the decline even more pronounced among young children birth to age five. Among all children, the rate decreased from 12.7 to 11.0 children in foster care per 1,000 children. Among young children, the rate dipped from 12.8 to 9.9 children in foster care per 1,000 children in that age group, representing a 23 percent decrease *(see graph 10)*.[58] In California, 97,382 children were in foster care in 2000.

Fewer children in foster care placements.

GRAPH 10

Children in Foster Care, California Compared to U.S.: Rate per 1,000 Children, 1998 to 2000

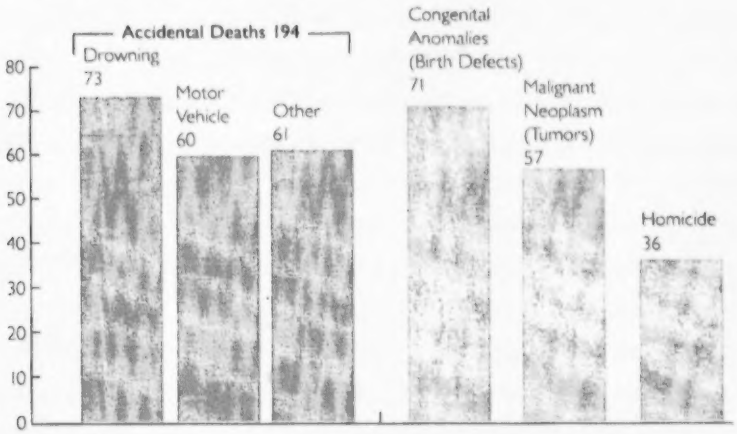


LEADING CAUSES OF DEATH

The leading cause of accidental death for California children ages one through four in 1998-2000 was drowning, closely followed by motor vehicle accidents *(see graph 11)*. Research shows that four times as many children who drown are hospitalized for near-drowning. Studies also indicate that children ages one to four most commonly drown in swimming pools in homes or apartment complexes.

BEST COPY AVAILABLE

GRAPH 11
Leading Causes of Death:
California Children Ages One to Four, 2000



SPOTLIGHT

Safety Education for Aquatic Life Safety (S.E.A.L.S.), West Covina

In California, drowning is the number one cause of accidental death for children one to four years old. In the city of West Covina, there are more swimming pools per capita than in any other city in Los Angeles County. In an effort to decrease drowning and injuries caused by near-drowning, the West Covina Fire Department launched Safety Education for Aquatic Life Safety (S.E.A.L.S.). The program includes three coordinated efforts: an educational curriculum for school children, voluntary pool inspections provided by Fire Department personnel at no charge and equipment loans to homeowners for needed upgrades to meet pool safety standards. Since its inception in 1993, West Covina has experienced a reduction of more than 75 percent in drowning incidents.

MOTOR VEHICLE INJURIES AND DEATHS

From 1998 to 2000, the number of injuries caused by motor vehicle accidents for all California children decreased slightly, from 48,788 to 48,050. During the same period, the number of child fatalities caused by a motor vehicle accident also decreased from 408 to 385. For children up to age five, motor vehicle accident injuries decreased from 7,389 to 7,133, while fatalities increased 9 percent, from 88 to 96. In 1999, California ranked 6th out of 41 states in motor vehicle deaths among children ages 0-17.

To prevent injury and death from motor vehicle accidents, California passed legislation, effective January 2002, requiring children up through age six or weighing under 60 pounds to ride in a car safety seat appropriate for their height and weight. However, car restraint seats are only effective if installed properly. A report by the California Highway Patrol found that two thirds of the children who died in a traffic collision were not in a car safety seat or the safety seat was not used properly.[59] In a recent survey, 96 percent of parents responded that they thought their car safety seat was installed correctly; however, the California Highway Patrol estimates that 80 percent of car seats are installed *incorrectly*.[60]

Child pedestrians are vulnerable.

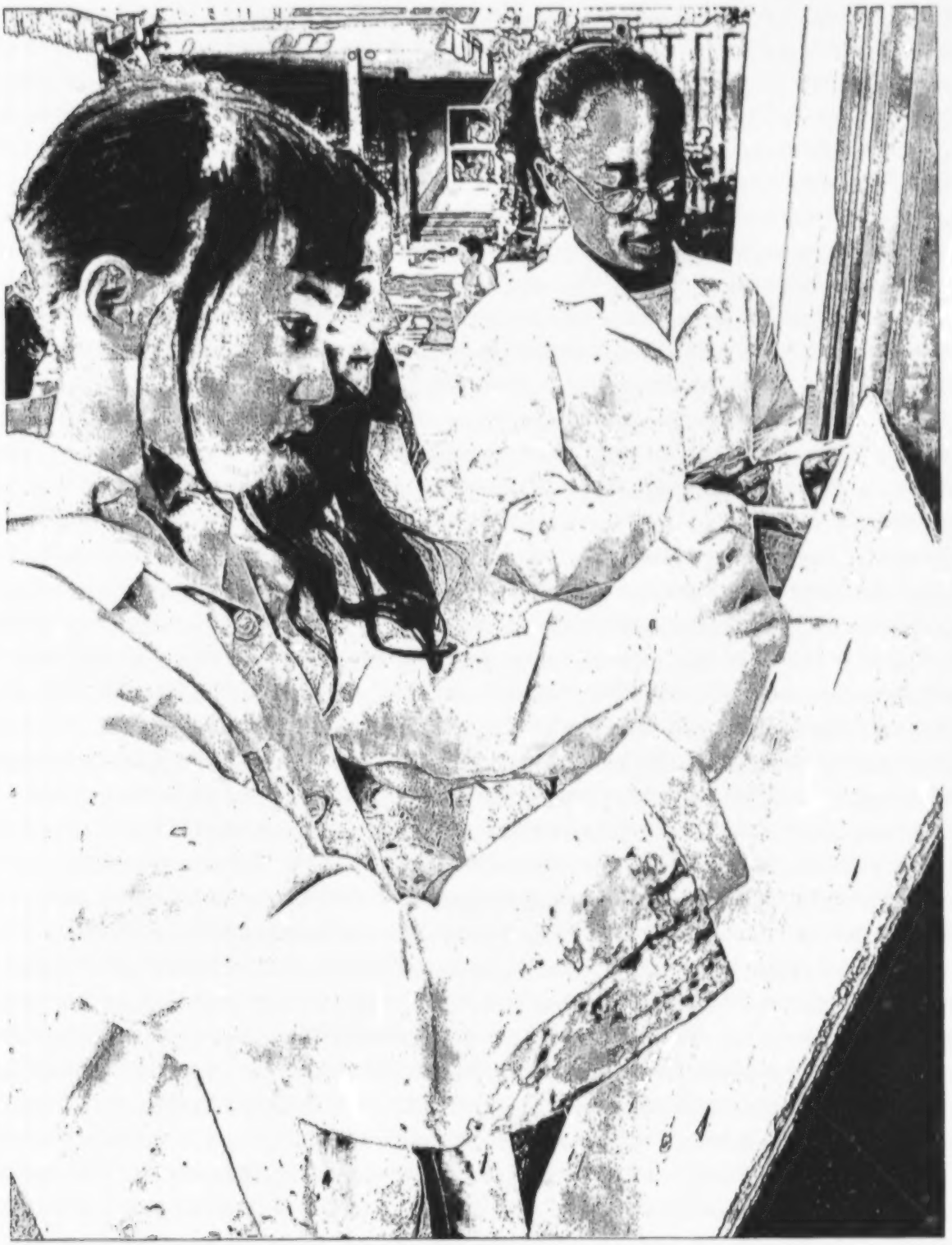
A significant portion of motor vehicle deaths and injuries involves children as pedestrians. In California, one out of five fatalities in children up to age seventeen and one out of ten injuries involved a child as a pedestrian. Younger children are more likely to suffer injuries and death as pedestrians. In 2000, nearly one third (31.3%) of all motor vehicle deaths and nearly one out of six (15.8%) motor vehicle injuries among young children occurred when the children were pedestrians. Studies show that African American and Latino children are disproportionately more likely to suffer injuries or die as pedestrians.[61] This disparity may be due to African Americans' and Latinos' lower access to cars and greater reliance on transportation modes such as walking, biking and public transportation, increasing their likelihood of being injured on the street.[62] ■

SPOTLIGHT

Highlight: International Walk to School Day

Over 800 California schools participated in the International Walk to School Day in 2001. The aim of the walk is to teach children safe walking behaviors, encourage physical fitness and activity and advocate for a safe walking community for children by creating more crosswalks, sidewalks and crossing guards and better driver behavior. The event also supplies "walkability" checklists for families to complete on their route to school, so they can note where improvements need to be made to the route. The information provided on the checklist has helped inform Caltrans' Safe Routes to School grants for construction and engineering funding.

BEST COPY AVAILABLE



Recommendations

Children's Critical Early Years

Several overarching conclusions arise from the report's findings:

- **Young children's well-being must be a public priority.** Every year of a young child's life is critical; children cannot wait to have necessary health care, quality child care, family economic stability and safety.
- **Policy and program decisions must address the significant disparities in outcomes for children of different ethnic backgrounds.** California's services and policies must take into account our multi-cultural child population and address the gaps in opportunities that now exist.
- **California should collect and analyze more information about young children's well-being.** For example, few data exist about child care quality, young children's social and emotional well-being or children's exposure to domestic violence.

The following recommendations present specific strategies to improve children's odds of school success and healthy development.

EARLY CARE AND EDUCATION

The Vision **All children are in care that promotes their learning and healthy development.**

- **Create paid parental leave.** So that more parents have the opportunity to spend at least the critical early months with their children, create a family temporary disability insurance program that would allow workers to take up to three months off when a child enters the family through birth, adoption or foster care placement; compensation would equal about 55% of a parent's regular wages.
- **Encourage parent participation in their children's education.** Child care centers and schools should involve all parents in school activities and make a special effort to reach out to those parents whose cultural background or own school experience may present barriers to their active engagement.

BEST COPY AVAILABLE

- **Improve access to high-quality child care for all children.** Create a strategic plan, with the input of diverse stakeholders, which outlines the elements of a high-quality child care system and the steps by which California will reach this goal. This plan would build upon the Legislature's recent work to craft an Education Master Plan.
  - **Address the shortage of infant and toddler care.** Develop incentives to help those interested in providing this special care. Provide greater help for families to select and afford the care that meets their children's needs.
  - **Increase the number of high-quality preschool programs** so that every three- and four-year-old has an opportunity to participate. Allocate state matching funds for several pilot communities to implement a voluntary, universal preschool program in their area. Los Angeles County's allocation of $100 million in tobacco tax revenues toward this goal is an example of the possibility of leveraging local funds.

- **Increase the number of after school programs.** Expand the state's successful after school program to more school and community sites, while ensuring consistently high program quality.

- **Help parents pay for quality child care.** Invest sufficient state funds to shorten the child care waiting list of eligible families for subsidized care by one-fifth from approximately 300,000 to 240,000 next year, with similar increments in the years following. Expansion must not lower quality.

- **Improve child care quality by investing in staff retention and professional development.** Increase state funds available for child care provider retention programs, which help increase education levels and reduce staff turnover, often through wage supplements.

HEALTH

The Vision **All children have health insurance that assures timely access to necessary treatment and preventive care.**

- **Simplify children's enrollment into the state's health insurance programs, Medi-Cal and Healthy Families:**
  - Ensure that eligible newborns are automatically enrolled in Medi-Cal.
  - Speed up implementation of strategies known as Express Lane Eligibility that connect families to health insurance through the School Lunch and Food Stamps programs. Develop similar strategies for the Child Health and Disability Prevention program and Women, Infants and Children nutrition program.
  - Reduce paperwork by verifying family income through state databases and eliminating paperwork not required by federal law.
  - Eliminate the cumbersome requirement that Medi-Cal families fill out detailed paperwork about their assets, which hardly ever affect their eligibility.

- **Ensure continuous health insurance for children** by streamlining the renewal process for state health insurance programs:
  - Simplify and reduce the length of renewal forms that families must complete.
  - Reduce required paperwork by utilizing state databases to verify information, such as family income.
  - Coordinate families' transition between Medi-Cal and Healthy Families at renewal.

- **Strengthen the health care options** for children who are not eligible for Medi-Cal and Healthy Families:
  - Support counties' efforts to provide universal access to health insurance for all children by helping counties obtain federal matching funds.
  - Offer children in the Child Health and Disability Prevention program the number of preventive care visits recommended by the American Academy of Pediatrics.

FAMILY ECONOMICS

The Vision **All families have the resources they need to provide for their children's healthy development.**

- **Create a state Earned Income Credit (EIC) for low-income working families.** A state EIC would offer tax relief to approximately two million low-income working families with children.
- **Increase the number of affordable housing units in each community.** California is estimated to need an additional 220,000 affordable housing units each year.
- **Require low-performing schools to offer school breakfasts.** In California, 21,000 children in 71 low-performing schools do not have access to a School Breakfast program. Offer technical assistance to these schools to apply for start-up monies from the state.
- **Increase the number of Summer Food Program sites.** One out of four California counties does not have even one summer food site and almost 50 percent of school sites that offer summer meals do not operate in August. Offer technical assistance to schools to apply for the Seamless Summer Food Waiver program. Furthermore, provide state start-up grants so that more communities can take advantage of federal matching funds available for the program.

SAFETY

The Vision **All young children are safe inside and outside their homes.**

- **Prevent child abuse and neglect.** Direct resources to early prevention services, such as ongoing, supervised nurse home-visiting to at-risk families. In addition, shore up the capacity of Child Protective Services to respond to reports of abuse and neglect by training and hiring additional qualified staff and reducing caseloads.
- **Provide services to children who experience domestic violence.** Support comprehensive and coordinated community-based services for battered women and their children.
- **Improve children's experience in foster care.** Address basic inadequacies in the foster care system, such as low reimbursement rates for family foster care homes and the large caseloads of child welfare workers. Develop strategies to minimize the disruptions in children's lives by limiting, when appropriate, frequent transfers to new families and new schools.

BEST COPY AVAILABLE

Endnotes

1. R. Capps, *Hardship Among Children of Immigrants: Findings from the 1999 National Survey of America's Families* (Washington, DC: Urban Institute, 2001).
2. K. Denton et al., *America's Kindergartners*, NCES 2000-070, US Department of Education, National Center for Education Statistics, (Washington, DC: DOE, 2000). http://nces.ed.gov/
3. Ibid.
4. L. Karoly et al., *What We Know and Don't Know about the Costs and Benefits of Early Childhood Interventions* (Santa Monica, CA: RAND, 1998).
5. J. Shonkoff and D. Phillips, Eds., Committee on Integrating the Science of Early Childhood Development, Board on Children, Youth, and Families, *From Neurons to Neighborhoods: The Science of Early Childhood Development* (Washington, DC: National Academy Press, 2000).
6. E. Galinsky and D.E. Friedman, *Education Before School: Investing in Quality Child Care* (New York City, NY: New York Scholastic, 1993).
7. J. Gallagher et al., *Education for Four Year Olds: State Initiatives* (Chapel Hill, NC: University of North Carolina, National Center for Early Learning and Development, 2001).
8. Elias Lopez, Ph.D., *Who is Least Likely to Attend Pre-School?* (Sacramento, CA: California Research Bureau, November 1999).
9. Policy Analysis for California Education, *A Stark Plateau: California Families See Little Growth in Child Care Centers* (Berkeley, CA: PACE, 2002).
10. Lopez, 1999.
11. Data provided by the California Child Care Resource and Referral Network, July 2002. Data represent the total number of spaces in licensed centers for children ages 0-5 and the estimated number of spaces for children 0-5 in licensed family child care homes. The estimate is based on enrollment of children ages 0-5 in family child care in 2000.
12. California Budget Project, *How Many Children Need Subsidized Care in California?* (Sacramento, CA: CBP, 2001).
13. Data provided are a three-year average from 1998-2000. The percentage of poor children participating in the Head Start program is also included in the percentage of eligible low-income children receiving subsidized child care.
14. L. Jacobson, "L.A. Panel Set to Vote On Preschool-for-All Plan," *Education Week* 21 (42): 3 (July 10, 2002). C. Rivera, "Preschools to Receive $100 Million; Revenue: County Panel Will Use Tobacco Taxes to Create a System, Enroll 100,000 Children," *The Los Angeles Times*, August 9, 2002.
15. Shonkoff and Phillips, 2000.
16. M. Whitebook et al., *Then & Now: Changes in Child Care Staffing*, 1994-2000, (Washington, DC: Center for the Child Care Workforce, 2001).
17. K. Laverty et al., *Current Data on Child Care Salaries and Benefits in the United States* (Washington, DC: Center for the Child Care Workforce, 2002). Based on data from the Bureau of Labor Statistics.
18. Whitebook, 2001.

19. The per pupil expenditure data cited here are provided by the California Department of Education (www.cde.ca.gov). In order to compare per pupil expenditures of different states data are cited from the National Education Association. The per pupil expenditure provided by the NEA is calculated slightly differently than the Education Code formula required by the California Department of Education for their own calculations, so the dollar figures for California for 2000-01 provided by these two sources are different.

20. J. Betts and K. Reuben, *Equal Resources, Equal Outcomes? The Distribution of School Resources and Student Achievement in California* (San Francisco, CA: Public Policy Institute of California, 2000). It is interesting to note that the schools with high proportions of students of color and high proportions of low-income students were so often the same that the researchers did not analyze data separately according to these two characteristics.

21. D. Grissmer and A. Flanagan, *Improving Student Achievement: What State NAEP Test Scores Tell Us* (Santa Monica, CA: RAND, 2000).

22. "Percent at or above the 50th National Percentile Rank" is used to report group performance on California's STAR test. The data indicate the percentage of California children performing at or above the national average. The 50th percentile is the median: by definition, half the students in the national group are above and half below that point. The California Department of Education recommends using this method for year-to-year comparisons.

23. The California Department of Education provides race data for the category of students defined as "multiple or no response." In years past, Children Now has included this category within "white and other."

24. D. Phillips et al., *School Problems and the Family Physician*, American Academy of Family Physicians, May 1999.

25. Committee on Disabilities, "Developmental Surveillance and Screening of Infants and Young Children," *Pediatrics* 108: 192-195 (July 2001).

26. E. R. Brown et al., *The State of Health Insurance in California: Findings from the 2001 California Health Interview Survey* (Los Angeles: UCLA Center for Health Policy Research, 2002).

27. Ibid (entire paragraph).

28. M.D. Kogan and G.R. Alexander, "The Effect of Gaps in Health Insurance on Continuity of Regular Source of Care Among Preschool-aged Children in the United States," *JAMA* 274: 1429-1435 (1995).

29. R.F. St. Peter, P.W. Newacheck and N. Halfon, "Access to Care for Poor Children: Separate and Unequal?" *JAMA*267: 2760-2764 (1992).

30. California Department of Health Services, Medical Care Statistics Branch, Table 3.2 Continuity of Eligibility by Major Aid Group, March 2002, (Sacramento, CA: DHS, 2002). Medi-Cal does not analyze data separately for enrolled children. This percentage represents Medi-Cal Families with no share of cost who were continuously eligible (or enrolled) for 12 months from January 1998 to June 1999. www.dhs.ca.gov/MCSS/publishedreports/annual/mcannual02/spdsheet.htm

31. Managed Risk Medical Insurance Board, *Retention and Disenrollment, June 1998 to December 2000* (Sacramento, CA: MRMIB, 2002). According to MRMIB, 60% of HFP members remained enrolled after 12 months and 6% re-enrolled within 4 months of disenrollment, bringing the HFP retention rate to 66% after 16 months. www.mrmib.ca.gov/MRMIB/HFP/HFPReports.htm.

32. M. Hack et al., "Long-Term Developmental Outcomes of Low Birth Weight Infants," *The Future of Children* 5(1): 176-196, 1995.

33. Ibid.

34. US Department of Health and Human Services, *Oral Health in America: A Report of the Surgeon General*, (Rockville, MD: US Department of Health and Human Services, National Institute of Dental and Craniofacial Research, National Institutes of Health, 2000).

35. Centers for Disease Control and Prevention, National Center for Health Statistics, Health, United States, Table 80, 2001, (Atlanta, Georgia: CDC, 2001). www.cdc.gov/nchs/products/pubs/pubd/hus/tables/2001/01hus80.pdf.

36. Ibid.

37. *Oral Health in America*, 2000.

38. Ibid.

39. E. Mertz et al., *Geographic Distribution of Dentists in California: Dental Shortage Areas*, 1998 (San Francisco, CA: UCSF Center for the Health Professions, Center for California Health Workforce Studies, 2000).

40. C. Manuel-Barkin et al., *Distribution of Medicaid Dental Services in California, December 2000*, (San Francisco, CA: UCSF Center for the Health Professions, Center for California Health Workforce Studies, 2000). The report defines "community" as a Medical Service Study Area (MSSA), a term developed by the California Health Manpower Policy Commission (CHMPC) that takes into account population, income and geography.

41. Ibid and C. M. Moore, Healthy Families Program, *2002 Dental Report* (Sacramento, CA: Managed Risk Medical Insurance Board, 2002).

42. S. Staveteig and A. Wigton, "Key Findings by Race and Ethnicity," Findings from the National Survey of America's Families, Urban Institute, October 2000. (Washington, DC: UI, 2000). The data provided were for 1999.

43. Ibid.

44. V. McLoyd, "Socioeconomic Disadvantage and Child Development," *American Psychology* 53(2):185-204, February 1998.

45. C. Hartman, "High Classroom Turnover: How Children Get Left Behind," in D. M. Piche, W. L. Taylor and R. A. Reed, Eds., *Rights at Risk: Equality in an Age of Terrorism* (Washington, DC: Citizens' Commission on Civil Rights, 2002).

46. The Urban Studies Institute at the University of Louisville, analysis of data from the US Census Bureau, Current Population Survey (March Supplement), 1999 through 2001 (Louisville, KY: USI, 2002).

47. Children Now, *California: The State of Our Children 2002* (Oakland, CA: Children Now, 2002).

48. Department of Education and University of California at Irvine, *Evaluation of California's After School Learning and Safe Neighborhoods Partnerships Program: 1999-2001* (Sacramento, CA: CDE and UCI, 2002).

49. K. Alaimo et al., "Food Insufficiency and American School-Aged Children's Cognitive, Academic and Pychosocial Development," *Pediatrics* 108 (1):44-53 (July 2000).

50. AF Meyers et al., "School Breakfast Program and School Performance," *American Journal of Diseases of Children* 143 (10):1234-9 (October 1989).

51. California Food Policy Advocates, *School's Out...Who Ate?: A Report on California's Summer Food Service Program* (San Francisco, CA: CFPA, 2002).

52. California Food Policy Advocates, *Child and Adult Care Food Program Facts* (San Francisco, CA: CFPA, accessed on 7/8/02). www.cfpa.net/CCFP/CACFP.htm

53. J. Fantuzzo and W. Mohr, "Prevalence and Effects of Child Exposure to Domestic Violence," *Future of Children* 9(3):21-32 (1999).

54. *Violence and the Family*: Report of the American Psychological Association Presidential Task Force on Violence and the Family, 1996.

55. D. J. English, "The Extent and Consequences of Child Maltreatment," *The Future of Children*, 8(1):39-53 (1998).

56. P. Choice et al., *Education for Foster Children: Removing Barriers to Success*, (Berkeley, CA: Center for Social Services Research, School of Social Welfare, UC Berkeley, 2001).

57. Ibid.

58. Due to changes in demographics data based on the 2000 Census figures, the reported rate of children in foster care has changed from previous reported years.

59. California Highway Patrol, *Annual Report of Fatal Victims Under Four Years of Age 1999*, (Sacramento, CA: CHP, 2000).

60. National Highway Traffic Safety Administration, *4 Steps for Kids*, (Washington, DC: NHTSA, 2001).

61. Surface Transportation Policy Project, *Dangerous By Design: Pedestrian Safety in California* (Sacramento, CA: Surface Transportation Policy Project, 2000).

62. Ibid.

Acknowledgments

Children Now would like to thank the many individuals and organizations who contributed information and technical expertise to this report. A full list is found in the companion publication, *California: The State of Our Children 2002*, which also contains additional data source information.

Jayleen Richards and Amy Dominguez-Arms authored *California Report Card 2002*. Elizabeth Cushing Payne and Sarah Grossman-Swenson joined Jayleen Richards in conducting the research. Elizabeth Cushing Payne wrote the program highlights and Jessica Reich made considerable editing contributions. Research assistants included Ben Geballe, Catherine Heppler, Melita Love and Dawn Mars Riley. Kevin Donegan, Len Finocchio, Shirin Shoai, Catherine Teare, Kristie Wang, Colette Washington and Jessica Williams provided editing and other assistance.

Children Now gratefully acknowledges the Annie E. Casey Foundation for generously supporting the production and printing of this report.

We would also like to acknowledge the Atlas Family Foundation, The California Endowment, The Clorox Company Foundation, Ford Foundation, Gap Foundation, Miriam and Peter Haas Fund, The William Randolph Hearst Foundation, W.K. Kellogg Foundation, J.P. Morgan Chase, Charles Stewart Mott Foundation, Northern California Contributions Committee, The David & Lucile Packard Foundation and Stuart Foundation for their support of our work.

Design: Dennis Johnson, Dennis Johnson Design.

Photography: © Janet Delaney, 2002.
Additional photography: Jonathan Payne: pages 14 and 29; and Steve Fisch: page 40.

CALIFORNIA REPORT CARD 2002
ADVISORY COMMITTEE

Lupe Alonzo-Diaz	Children's Advocacy Institute
Shelley Waters Boots	California Child Care Resource and Referral Network
Maria Boyle	California Food Policy Advocates
Elizabeth Burr	PACE/University of California at Berkeley
Maria Casillas	Los Angeles Alliance for Student Achievement
Carlene Davis	Los Angeles City Commission for Children, Youth and Their Families
Linda Eggbeer	Zero To Three: National Center for Infants, Toddlers and Families
Karen Hill-Scott	California Children and Families Commission
Greg Hodge	California Tomorrow
Claudia Monterrosa	MALDEF
Pedro Noguera	Harvard University, Graduate School of Education
Kenneth Quenzer	Boys and Girls Clubs of Fresno
Patty Siegel	California Child Care Resource and Referral Network
Nancy Sweet	Children's Hospital and Research Center at Oakland
Suzanne Tacheny	California Business for Education Excellence
Ernest Tai	Asian Pacific Islander American Health Forum
Junious Williams	Urban Strategies, Inc.

CHILDREN NOW BOARD OF DIRECTORS

Allan K. Jonas	Chair, Jonas & Associates, Owner
Jane Gardner	Vice Chair, Thought Partners, Consultant
Neal Baer, M.D.	Wolf Films/Universal Television, Executive Producer, *Law & Order: SVU*
Peter D. Bewley	The Clorox Company, Senior VP, General Counsel & Secretary
William Coblentz	Coblentz, Patch, Duffy & Bass, LLP, Senior Partner
Anita L. DeFrantz	Amateur Athletic Foundation, President
Irene M. Ibarra	Alameda Alliance for Health, Chief Executive Officer
David G. Johnson	Investor
Suzanne Nora Johnson	Goldman, Sachs & Co., Managing Director
Donald Kennedy	Stanford University, President Emeritus; *Science*, Editor-in-Chief
Theodore R. Mitchell	Occidental College, President
Molly Munger	English, Munger & Rice, Partner
Hon. Cruz Reynoso	UC Davis, School of Law, Professor
Katharine Schlosberg, Ed.D.	San Jose State University, Teacher Leadership Program
James P. Steyer	JP Kids, Chairman & CEO
Michael Tollin	Tollin/Robbins Productions, Co-President

CHILDREN NOW LOCATIONS

OAKLAND
1212 Broadway, 5th Floor
Oakland,CA 94612
Tel (510) 763-2444
Fax (510) 763-1974
children@childrennow.org

LOS ANGELES
2001 South Barrington Ave.
Suite 100
Los Angeles, CA 90025
Tel (310) 268-2444
Fax (310) 268-1994

www. childrennow.org

CHILDREN NOW

Printed on recycled paper.

U.S. Department of Education
Office of Educational Research and Improvement (OERI)
National Library of Education (NLE)
Educational Resources Information Center (ERIC)

NOTICE

Reproduction Basis

[X] This document is covered by a signed "Reproduction Release (Blanket)" form (on file within the ERIC system), encompassing all or classes of documents from its source organization and, therefore, does not require a "Specific Document" Release form.

[ ] This document is Federally-funded, or carries its own permission to reproduce, or is otherwise in the public domain and, therefore, may be reproduced by ERIC without a signed Reproduction Release form (either "Specific Document" or "Blanket").